

Please submit this plan to your TEAM DF within one month of your entry date in the classroom

**TEAM ONE-YEAR BEGINNING TEACHER SUPPORT PLAN TIMELINE
FOR CATEGORY II PARTICIPANTS**

Name of Beginning Teacher: _____

School/District: _____

Subject Area(s)/Grade level(s): _____

Name of Mentor: _____

Anticipated timeline of participation:

Entry date in classroom: _____

TEAM Entry Date: _____ September 1, 20__ or February 15, 20__

First TEAM participation year: _____

Module(s) that will be completed during the 2016-17 school year:

Module(s) that will be completed during the 2017-18 school year (only for a Feb. 15 entry date):

Please indicate below if it is anticipated that a second year will be needed due to any extenuating circumstances, such as a planned leave of absence (i.e., maternity leave, planned medical leave, mid-year hire, etc.).

Signature of Beginning Teacher

Date

Signature of Mentor

Date

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